

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ADAMS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
BARNES	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
BENSON	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
BILLINGS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BOTTINEAU	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
BOWMAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
BURKE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
BURLEIGH	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CASS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
CAVALIER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
DICKEY	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
DIVIDE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
DUNN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
EDDY	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
EMMONS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
FOSTER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
GOLDEN VALLEY	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
GRAND FORKS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
GRANT	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								

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GRIGGS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
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		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•				91	•
HETTINGER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
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	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•				97	•
KIDDER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
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LA MOURE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
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	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•				97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		\$1.87	\$1.87			•					90	•
		Medica Advantage Solution NonMetroStandard				•		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•				91	•
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•				91	•

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
LOGAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MCHENRY	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MCINTOSH	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
MCKENZIE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MCLEAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MERCER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MORTON	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
MOUNTRAIL	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								



## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
NELSON	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
OLIVER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
PEMBINA	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
PIERCE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
RAMSEY	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
RANSOM	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medicare Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
RENVILLE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
RICHLAND	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
		Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medicare Advantage Solution NonMetroStandard				•			\$9.00	-								
		Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
ROLETTE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
		Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
SARGENT	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Humana Insurance Company	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
		Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medicare Advantage Solution NonMetroStandard				•			\$9.00	-								
		Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SHERIDAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
SIOUX	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
SLOPE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
STARK	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
STEELE	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
STUTSMAN	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	Medica Health Plans	Medicare Advantage Solution Choice				•		\$1.87	\$1.87			•				90	•	
		Medica Advantage Solution NonMetroStandard				•		\$9.00	-									
	Medica Insurance Company	Prime Solution Basic					•	\$122.53	\$26.53	•			•			91	•	
		Prime Solution Enhanced					•	\$141.53	\$26.53	•			•			91	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
TOWNER	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
TRAILL	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medicare Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
WALSH	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
WARD	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

## North Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WELLS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•				97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
WILLIAMS	Blue Cross Blue Shield of North Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•				90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•				97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									